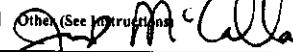


1. CIR./DIST./DIV. CODE TNW		2. PERSON REPRESENTED Prado, Jacqueline		VOUCHER NUMBER																																																																																																																																						
3. MAG. DKT./DEF. NUMBER 2:03-000153-002		4. DIST. DKT./DEF. NUMBER 2:03-020415-002		5. APPEALS DKT./DEF. NUMBER																																																																																																																																						
7. IN CASE/MATTER OF (Case Name) U.S. v. Prado		8. PAYMENT CATEGORY Felony		9. TYPE PERSON REPRESENTED Adult Defendant																																																																																																																																						
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 841A=CD. F -- CONTROLLED SUBSTANCE - SELL, DISTRIBUTE, OR DISPENSE																																																																																																																																										
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS ROBBINS, MICHAEL SUITE 1540 40 SOUTH MAIN ST MEMPHIS TN 38103			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel  Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this or <input type="checkbox"/> Other (See Instructions)   Signature of Presiding Judicial Officer or By Order of the Court 10/17/2005 Date of Order Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO Nunc Pro Tunc Date																																																																																																																																							
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)																																																																																																																																										
<table border="1"> <thead> <tr> <th colspan="2">CATEGORIES (Attach itemization of services with dates)</th> <th>HOURS CLAIMED</th> <th>TOTAL AMOUNT CLAIMED</th> <th>MATH/TECH ADJUSTED HOURS</th> <th>MATH/TECH ADJUSTED AMOUNT</th> </tr> </thead> <tbody> <tr> <td rowspan="8">In Court</td> <td>a. Arraignment and/or Plea</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Bail and Detention Hearings</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Motion Hearings</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Trial</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Sentencing Hearings</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. Revocation Hearings</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>g. Appeals Court</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>h. Other (Specify on additional sheets)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">(Rate per hour = \$ )</td> <td>TOTALS:</td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="5">Out of Court</td> <td>a. Interviews and Conferences</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Obtaining and reviewing records</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Legal research and brief writing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Travel time</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Investigative and Other work (Specify on additional sheets)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">(Rate per hour = \$ )</td> <td>TOTALS:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>17.</td> <td>Travel Expenses (lodging, parking, meals, mileage, etc.)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>18.</td> <td>Other Expenses (other than expert, transcripts, etc.)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3">19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____</td> <td colspan="2">20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION</td> <td>21. CASE DISPOSITION</td> </tr> <tr> <td colspan="6">22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment          Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO          Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets.          I swear or affirm the truth or correctness of the above statements.          Signature of Attorney: _____ Date: _____       </td> </tr> <tr> <td colspan="6">23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES 26. OTHER EXPENSES 27. TOTAL AMT. APPR / CERT</td> </tr> <tr> <td colspan="3">28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER</td> <td colspan="2">DATE</td> <td>28a. JUDGE / MAG. JUDGE CODE</td> </tr> <tr> <td>29. IN COURT COMP.</td> <td>30. OUT OF COURT COMP.</td> <td>31. TRAVEL EXPENSES</td> <td colspan="2">32. OTHER EXPENSES</td> <td>33. TOTAL AMT. APPROVED</td> </tr> <tr> <td colspan="3">34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.</td> <td colspan="2">DATE</td> <td>34a. JUDGE CODE</td> </tr> </tbody> </table>						CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	In Court	a. Arraignment and/or Plea					b. Bail and Detention Hearings					c. Motion Hearings					d. Trial					e. Sentencing Hearings					f. Revocation Hearings					g. Appeals Court					h. Other (Specify on additional sheets)					(Rate per hour = \$ )		TOTALS:				Out of Court	a. Interviews and Conferences					b. Obtaining and reviewing records					c. Legal research and brief writing					d. Travel time					e. Investigative and Other work (Specify on additional sheets)					(Rate per hour = \$ )		TOTALS:				17.	Travel Expenses (lodging, parking, meals, mileage, etc.)					18.	Other Expenses (other than expert, transcripts, etc.)					19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____						23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES 26. OTHER EXPENSES 27. TOTAL AMT. APPR / CERT						28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE		28a. JUDGE / MAG. JUDGE CODE	29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES		33. TOTAL AMT. APPROVED	34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE		34a. JUDGE CODE
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT																																																																																																																																					
In Court	a. Arraignment and/or Plea																																																																																																																																									
	b. Bail and Detention Hearings																																																																																																																																									
	c. Motion Hearings																																																																																																																																									
	d. Trial																																																																																																																																									
	e. Sentencing Hearings																																																																																																																																									
	f. Revocation Hearings																																																																																																																																									
	g. Appeals Court																																																																																																																																									
	h. Other (Specify on additional sheets)																																																																																																																																									
(Rate per hour = \$ )		TOTALS:																																																																																																																																								
Out of Court	a. Interviews and Conferences																																																																																																																																									
	b. Obtaining and reviewing records																																																																																																																																									
	c. Legal research and brief writing																																																																																																																																									
	d. Travel time																																																																																																																																									
	e. Investigative and Other work (Specify on additional sheets)																																																																																																																																									
(Rate per hour = \$ )		TOTALS:																																																																																																																																								
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)																																																																																																																																									
18.	Other Expenses (other than expert, transcripts, etc.)																																																																																																																																									
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION																																																																																																																																					
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____																																																																																																																																										
23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES 26. OTHER EXPENSES 27. TOTAL AMT. APPR / CERT																																																																																																																																										
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE		28a. JUDGE / MAG. JUDGE CODE																																																																																																																																					
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES		33. TOTAL AMT. APPROVED																																																																																																																																					
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE		34a. JUDGE CODE																																																																																																																																					

164



# Notice of Distribution

This notice confirms a copy of the document docketed as number 164 in case 2:03-CR-20415 was distributed by fax, mail, or direct printing on October 25, 2005 to the parties listed.

---

David Charles Henry  
U.S. ATTORNEY'S OFFICE  
167 N. Main St.  
Ste. 800  
Memphis, TN 38103

C. Michael Robbins  
ROBBINS LAW OFFICE  
40 S. Main St.  
Ste. 1540  
Memphis, TN 38103

Wanda Abioto  
LAW OFFICE OF WANDA ABIOTO  
1555 Madison Ave.  
Memphis, TN 38104

Eugene A. Laurenzi  
GODWIN MORRIS LAURENZI & BLOOMFIELD, P.C.  
50 N. Front St.  
Ste. 800  
Memphis, TN 38103

Honorable Jon McCalla  
US DISTRICT COURT